

# EXHIBIT 66

*Application for Automatic Refund of Tax Paid (Form 986)*

Form **1040** U.S. Individual Income Tax Return **1982**

Department of the Treasury - Internal Revenue Service

For the year January 1-December 31, 1982, or other tax year beginning 1982, ending 1982, DMB No. 1545-0074

Use IRS label, otherwise, please print or type

First name: **STEVEN A & PATRICIA COHEN** Last name: **COHEN**

Spouse's name: **34 WATERS EDGE**

City: **RYE NY** State: **NY** Zip: **10580**

Your social security number: **2581**

Spouse's social security no.: **3154**

Your occupation: **46 years**

Spouse's occupation: **46 years**

Presidential Election Campaign: Do you want \$1 to go to this fund? ☒ Yes ☐ No

If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No

Notes: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status: ☒ Single ☐ Married (filing joint return, even if only one had income) ☐ Married, filing separate return. Enter spouse's social security no. above and full name here. ☐ Head of household (with qualifying person). (See page 6 of instructions.) If the qualifying person is your unmarried child but not your dependent, enter child's name. ☐ Qualifying widow(er) with dependent child. (Year spouse died, 19 ) (See page 6 of instructions.)

Exemptions: Always check the box labeled yourself. Check other boxes if they apply.

6a ☒ Yourself ☐ 65 or over ☐ Blind ☐ Enter number of boxes checked on 6a and b: **2**

b ☒ Spouse ☐ 65 or over ☐ Blind ☐ Enter number of children listed on 6c: **1**

c First names of your dependent children who lived with you: **34 WATERS EDGE**

d Other dependents:

(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$2,000 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents. Add numbers entered in boxes above.
					<b>3</b>

Total number of exemptions claimed: **3**

Income: Please attach Copy B of your Forms W-2 here. If you do not have a W-2, see page 5 of instructions. Please attach check or money order here.

Line	Description	Amount	Column
7	Wages, salaries, tips, etc.	626,600.00	7
8	Interest income (attach Schedule B if over \$400 or you have any All-Savers Interests)	3,438.13	8
9a	Dividends (attach Schedule B if over \$400)	237,521.32	9a
9b	Subtract line 9a from line 9a	237,521.32	9b
10	Refunds of state and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year - see page 9 of instructions)	27,386.26	10
11	Alimony received		11
12	Business income or loss (attach Schedule C)		12
13	Capital gain or loss (attach Schedule D)	13,000.00	13
14	40% capital gain distributions not reported on line 13 (see page 9 of instructions)		14
15	Supplemental gains or losses (attach Form 4797)		15
16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17		16
17a	Other pensions and annuities. Total received		17a
b	Taxable amount, if any, from worksheet on page 10 of instructions		17b
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	16,347.00	18
19	Farm income or loss (attach Schedule F)		19
20a	Unemployment compensation (insurance). Total received		20a
b	Taxable amount, if any, from worksheet on page 10 of instructions		20b
21	Other income (state nature and source - see page 10 of instructions)		21
22	Total income. Add amounts in column for lines 7 through 21	588,102.39	22

Adjustments to Income: (See instructions on page 11)

Line	Description	Amount	Column
23	Moving expense (attach Form 3903 or 3903F)		23
24	Employee business expenses (attach Form 2106)		24
25	Payments to an IRA. You must enter code from page 11 (C-3)	2250.00	25
26	Payments to a Keogh (R.R. 10) retirement plan		26
27	Penalty on early withdrawal of savings		27
28	Alimony paid		28
29	Deduction for a married couple when both work (attach Schedule W)		29
30	Disability income exclusion (attach Form 2440)		30
31	Total adjustments. Add lines 23 through 30	2250.00	31

Adjusted Gross Income: Subtract line 31 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 62) on page 15 of instructions. If you want IRS to figure your tax, see page 3 of instructions.

Line	Description	Amount	Column
32	Adjusted gross income. Subtract line 31 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 62) on page 15 of instructions. If you want IRS to figure your tax, see page 3 of instructions.	585,852.39	32

Schedules A&B  
(Form 1040)Department of the Treasury  
Internal Revenue Service

## Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0047

1982

07

Name(s) as shown on Form 1040

Steven A and Patricia Cohen

Your social security number

2581

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See page 17 of Instructions.)	1 Medicines and drugs	1			
	2 Write 1% of Form 1040, line 33	2			
	3 Subtract line 2 from line 1. If line 2 is more than line 1, write zero.	3			
	4 Total insurance premiums you paid for medical and dental care	4			
	5 Other medical and dental expenses:				
	a Doctors, dentists, nurses, hospitals, etc.	5a			
	b Transportation	5b			
	c Other (list—include hearing aids, dentures, eyeglasses, etc.)	5c			
	6 Add lines 3 through 5c	6			
	7 Multiply amount on Form 1040, line 33, by 3% (.03)	7			
8 Subtract line 7 from line 6. If line 7 is more than line 6, write zero.	8				
9 Write one-half of amount on line 4, but not more than \$150	9				
10 COMPARE amounts on line 8 and line 9, and write the LARGER amount here	10				
Taxes (See page 18 of Instructions.)	11 State and local income	11	58,627	50	
	12 Real estate	12	4,906	68	
	13a General sales (see sales tax tables)	13a	2,749	59	
	b General sales on motor vehicles	13b			
	14 Other (list—include personal property)	14			
15 Add lines 11 through 14. Write your answer here	15	66,280	77		
Interest Expense (See page 19 of Instructions.)	16a Home mortgage interest paid to financial institutions	16a	20,066	13	
	b Home mortgage interest paid to individuals (show that person's name and address)	16b			
	17 Credit cards and charge accounts	17	134	67	
	18 Other (list)	18	19,575	06	
	19 Add lines 16a through 18. Write your answer here	19	39,725	86	
Contributions (See page 19 of Instructions.)	20a Cash contributions (If you gave \$3,000 or more to any one organization, report those contributions on line 20b)	20a	50	00	
	b Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.)	20b			
	21 Other than cash (see page 19 of Instructions for required statement)	21	7,550	00	
	22 Carryover from prior years	22			
	23 Add lines 20a through 22. Write your answer here	23	600	00	
Casualty and Theft Losses and Miscellaneous Deductions (See page 20 of Instructions.)	24 Total casualty or theft loss(es) (attach Form 4684)	24			
	25a Union and professional dues	25a			
	b Tax return preparation fee	25b	1800	00	
	26 Other (list)	26	8305	43	
	27 Add lines 24 through 26. Write your answer here	27	10105	43	
Summary of Itemized Deductions (See page 20 of Instructions.)	28 Add lines 10, 15, 19, 23, and 27	28	116,712	00	
	29 If you checked Form 1040, Filing Status box 2 or 5, write \$3,400; 3 or 4, write \$2,300; 3, write \$1,700	29	3,400	00	
	30 Subtract line 29 from line 28. Write your answer here and on Form 1040, line 34a. (If line 29 is more than line 28, see the Instructions for line 30 on page 20.)	30	113,312	00	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

\* FNU of Items Paid to charity

PC11282



**SCHEDULE E****(Form 1040)**Department of the Treasury  
Internal Revenue Service (OI)**Supplemental Income Schedule**

(From rents and royalties, partnerships, estates and trusts, etc.)

▶ Attach to Form 1040. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**1982**

15

Name(s) as shown on Form 1040

*Steven A and Patricia Cabot*

Your social security number

*2551***Part I Rent and Royalty Income or Loss****1** Are any of the expenses listed below for a vacation home or other recreational unit (see instructions)? ☐ Yes ☒ No**2** If you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational unit for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? ☐ Yes ☒ No**Description of Properties**

Property A (Show kind and location)

Property B (Show kind and location)

Property C (Show kind and location)

**Rental and Royalty Income**

		Properties			Totals (Add columns A, B, and C)
		A	B	C	
<b>3a</b> Rents received					<b>3</b>
<b>3b</b> Royalties received					
<b>Rental and Royalty Expenses</b>					
<b>4</b> Advertising					
<b>5</b> Auto and travel					
<b>6</b> Cleaning and maintenance					
<b>7</b> Commissions					
<b>8</b> Insurance					
<b>9</b> Interest					
<b>10</b> Legal and other professional fees					
<b>11</b> Repairs					
<b>12</b> Supplies					
<b>13</b> Taxes (Do NOT include Windfall Profit Tax here. See Part III, line 35)					
<b>14</b> Utilities					
<b>15</b> Wages and salaries					
<b>16</b> Other (list) ▶					
<b>17</b> Total expenses other than depreciation and depletion. Add lines 4 through 16	<b>17</b>				<b>17</b>
<b>18</b> Depreciation expense (see instructions), or Depletion	<b>18</b>				<b>18</b>
<b>19</b> Total. Add lines 17 and 18	<b>19</b>				<b>19</b>
<b>20</b> Income or (loss) from rental or royalty properties. Subtract line 19 from line 3a (rents) or 3b (royalties)	<b>20</b>				<b>20</b>
<b>21</b> Add properties with profits on line 20, and write the total profits here	<b>21</b>				<b>21</b>
<b>22</b> Add properties with losses on line 20, and write the total (losses) here	<b>22</b>				<b>22</b>
<b>23</b> Combine amounts on lines 21 and 22, and write the net profit or (loss) here	<b>23</b>				<b>23</b>
<b>24</b> Net farm rental profit or (loss) from Form 4835, line 50	<b>24</b>				<b>24</b>
<b>25</b> Total rental or royalty income or (loss). Combine amounts on lines 23 and 24, and write the total here. If Parts II, III, and IV on page 2 do not apply to you, write the amount from line 25 on Form 1040, line 18. Otherwise, include the amount in line 37 of Schedule E.	<b>25</b>				<b>25</b>

For Paperwork Reduction Act Notice, see Form 1040 Instructions.



<b>Form 6249</b> (Rev. January 1983) Department of the Treasury Internal Revenue Service	<b>Computation of Overpaid Windfall Profit Tax</b> See separate instructions.	OMB No. 1545-0028 Expires 7-31-85 <b>80</b> Taxpayer identifying number <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> 2587
Name <u>Steven A and Patricia A. Shea</u>		
<b>Part I</b> Type of Return to which Form 6249 is Attached		
<input type="checkbox"/> Form 720 <input type="checkbox"/> Form 843 <input checked="" type="checkbox"/> Form 1040 (and Form 1040NR) <input type="checkbox"/> Form 1040X <input type="checkbox"/> Form 1041 <input type="checkbox"/> Form 1120 <input type="checkbox"/> Form 1120F <input type="checkbox"/> Form 1120X <input type="checkbox"/> Other Form 1120 (Form 1120-DISC, Form 1120L, Form 1120M, Form 1120S, etc.) <input type="checkbox"/> Form 990-C or Form 990-T <input type="checkbox"/> Other		
<b>Part II</b> Overpayment Due to a Withholding Error — For calendar year		
1. Please check the applicable box for the status that resulted in a withholding error:		
<input type="checkbox"/> Exempt governmental interest (section 4991(b)(1)) <input type="checkbox"/> Exempt qualified charitable interest (section 4991(b)(1)) <input type="checkbox"/> Exempt Indian oil (section 4991(b)(2)) <input type="checkbox"/> Exempt Alaskan oil (section 4991(b)(3)) <input type="checkbox"/> Exempt royalty owner oil (section 4991(b)(5)) (Trusts do not qualify) <input type="checkbox"/> Exempt independent producer of stripper well oil (section 4991(b)(6) applies only to oil removed after 1982) <input type="checkbox"/> Independent producer oil (section 4992) <input type="checkbox"/> Other (attach explanation)		
2. Amounts withheld for oil removed during the calendar year (attach Form(s) 6248)		
3. Correct amount of tax (see instructions)		
4. Overpayment due to a withholding error (subtract line 3 from line 2)		
<b>Part III</b> Overpayment Resulting from the Net Income Limitation		
5. Enter amount from line 19 (Part IV)		
<b>Part IV</b> Combined Overpayment of Windfall Profit Tax		
6. Total amount of credit or refund (add amounts on lines 4 and 5) (see instructions)		

For Paperwork Reduction Act Notice, see page 1 of the instructions.

363-092-2

Form 6249 (Rev. 1-83)

WINDFALL PROFIT TAX - 1982		the Producer or other Recipient
<b>Producer or Other Recipient</b> Name, address, and ZIP code Steven A. Cohen 34 Watersedge Rye, New York 10580		<b>Filer</b> Name, address, and ZIP code Tech American Resources Corp., Et Al Tech American Associates 1979-1 201 Willowbrook Blvd. Wayne, N.J. 07470
Employer identification number	Social security number, if any	Employer identification number
	2501	0027
If you have received a Form 6246 from another person concerning oil reported on this Form 6246, enter the name and employer identification number of that person below.		
Name		Employer identification number
<b>Part I Producer Or Other Recipient</b>		
1 Type of Producer (check all applicable boxes): <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> U.S. citizen or entity, or resident alien <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Resident of U.S. Possessions <input type="checkbox"/> Foreign citizen or entity, or non-resident alien		
2 Producer Status (check all applicable boxes): <input type="checkbox"/> Independent Producer <input type="checkbox"/> Member of "related group" <input type="checkbox"/> Royalty owner <input type="checkbox"/> Integrated oil company <input type="checkbox"/> Producer with no withholding <input checked="" type="checkbox"/> Working interest <input type="checkbox"/> Operator		
<b>Part II Exempt Oil</b>		
1 Number of barrels of exempt oil: 2 Total add amounts on line 1: 3 Type of exempt oil (check applicable boxes): <input type="checkbox"/> Qualified governmental interests <input type="checkbox"/> Qualified charitable interests <input type="checkbox"/> Exempt Indian oil <input type="checkbox"/> Exempt Alaskan oil		
<b>Part III Exempt Royalty Owner Oil</b>		
1 Barrels removed in the 1st calendar quarter 2 Barrels removed in the 2nd calendar quarter 3 Barrels removed in the 3rd calendar quarter 4 Barrels removed in the 4th calendar quarter 5 Total add amounts on lines 1 through 4: 6 Total number of certified barrels		
<b>Part IV Taxable Crude Oil Removed During 1982</b>		
1 Tier one, other than Sadlerochit oil, taxed at 70% 2 Tier one, other than Sadlerochit oil, taxed at 50% 3 Tier one Sadlerochit oil, taxed at 70% 4 Tier one Sadlerochit oil, taxed at 50% 5 Tier two oil taxed at 100% 6 Tier two oil taxed at 30% 7 Newly discovered oil 8 Incremental tertiary oil 9 Heavy oil 10 Total barrels of oil add amounts in column a: 11 Amount of windfall profit tax liability for oil removed during 1982 (add amounts in column b) 12 Amount of windfall profit tax withheld with respect to oil removed during 1982 13 If line 11 is greater than line 12, subtract line 12 from line 11. This is the amount of underwithheld windfall profit tax. 14 If line 12 is greater than line 11, subtract line 11 from line 12. This is the amount of overwithheld windfall profit tax.		a. Number of barrels b. Tax liability 194 334 340
<b>Part V Amount of Windfall Profit Tax Withheld from Payments Made in 1982</b>		
1 Windfall profit tax withheld from payments made in 1982 (regardless of when windfall profit tax liability arose)		390

Steven A. Cohen

-2581

STATEMENT FILED PURSUANT TO REGULATION 1.351-3(a)

On December 28, 1982, the taxpayer transferred \$50,000 to Pharmatec, Inc. in exchange for 100,000 shares of \$.01 par value common stock. The following detailed information is furnished in accordance with Regulation 1.351-3(a).

1. Cash or property transferred: \$50,000
2. Only common stock was received in the exchange. 100,000 shares were received with a fair market value per share of \$1.50.
3. No securities were received in the exchange.
4. No money was received in the exchange.
5. No other property was received in the exchange.
6. The controlled corporation assumed no liabilities of the transferors.

Signed 

4868

Application for Automatic Extension of Time  
to File U.S. Individual Income Tax Return

OMB No. 1545-0047

1982

72

Please

Print

Type

Your last name and initial (if joint return, also give spouse's name and initials)

Last name

Your social security number

Steven A. and Patricia Cohen

2581

Present home address (Number and street, including apartment number, or rural route)

Spouse's social security number

34 Waters Edge

3154

City, town or post office, State, and ZIP code

Rye, New York 10850

**Notes:** Fill this form with the Internal Revenue Service Center where you must file your income tax return and pay the amount shown on line 6 below. This is not an extension of time for payment of tax. You will be charged a penalty for late payment of tax and late filing unless you show reasonable cause for not paying or filing on time (see instructions).

If you expect to file a joint tax return (Form 709 or Form 709-A) for 1982 due by April 15, 1983, check this box ☐.

I request an automatic 4-month extension of time to August 15, 1983, to file Form 1040 for the calendar year 1982 (or if a fiscal year return to 19 for the tax year ending 19).

1 Total income tax liability for 1982 (You may estimate this amount.)

Note: You must enter an amount on line 1. If you do not expect to owe tax, enter zero (0).

2 Federal income tax withheld

3 1982 estimated tax payments (include 1981 overpayment allowed as a credit)

4 Other payments and credits you expect to show on Form 1040

5 Add lines 2, 3, and 4

6 Income tax balance due (subtract line 5 from line 1). Pay in full with this form

7 Total gift tax you expect to owe for 1982 (see instructions)

If you send only one check for both income and gift tax due, attach a statement showing how much of the check applies to each type of tax.

## Signature and Verification

If Prepared by Taxpayer.—Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Date

If Prepared by Someone Other Than Taxpayer.—Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature of preparer other than taxpayer

Date

Note: The person who signs this form may be an attorney or certified public accountant qualified to practice before the IRS, a person enrolled to practice before the IRS, or a person holding a power of attorney. If the taxpayer cannot sign because of illness, absence, or other good cause, a person in a close personal or business relationship to the taxpayer may sign this form.

For Paperwork Reduction Act Notice, see back of form.

Form 4868 (1982)

Wage and Tax Statement 1982		Form W-2 Copy 3 to be filed with employee's FEDERAL tax return. This information is being furnished to the Internal Revenue Service.	
2. Employer's name, address, and ZIP code KAZEN & LOUPE, INC. 115 Y-1A NY 10002		4. Employer's State Number NY	
3. Employee's social security number [REDACTED]		6. Status: <input type="checkbox"/> Employee <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Salaried <input type="checkbox"/> Other <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Other	
8. Federal income tax withheld \$24.00.00		10. Net pay, after compensation \$6,000.00	
12. Employee's name, address, and ZIP code STEVEN A. COHEN 40-2 38 ST NY NY 10022 APT 5-A		14. FICA wages \$6,000.00	
		16. FICA tips \$0.00	
		18. State income tax \$0.00	
		20. State wages, tips, etc. \$6,000.00	
		22. Name of State NY	
		24. Local income tax \$0.00	
		26. Local wages, tips, etc. \$6,000.00	
		28. Name of Locality NY CITY	
		30. Employer's use	

PC11290